

### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		NDIDATE OR CO			
HYR/L 8,2014	COMMITT	EE TO	ELECT	Dim	FIELDS
2.b. IF COMMITTEE, NAME OF CANDID					
JAMES A. FIEL	DS			AUGUST	7,2014
4.a. CAMPAIGN ADDRESS AND PHONE			04-4-		
Street or Rural Route	City	_	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if	CHATTANOOGA		IN	37405	
Street or Rural Route	City		State	Zip Code	Phone
4058 DAY LILY TRAIL	CHATTANOOL			37415	100
5. OFFICE SOUGHT (include district nu		6. NAME OF		TREASURER (may	
HAMILTON COUNTY COMMISSION	NER DISTRICT 2	THOMAS	W.	FRANCESC	on, 5R.
7. CATEGORY OR REPORT (Check one					
FIRST SECOND T	HIRD FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QU 8.a. BEGINNING DATE OF REPORTING PEI	ARTER QUARTER	PRIMARY	GENERAL	SUPPLEMENT PRTING PERIOD	TAL SUPPLEMENTAL
_	dOD				
9. (Check one)		MARCH	31,0	2014	
<ul> <li>This campaign is exempt from tures total \$1,000 or less for t</li> </ul>	detailed disclosure because his reporting period. (Comp	se contributions ( plete items 12d.,	including in-ki	nd) received total (	\$1,000 or less AND expendi-
h M This campaign is required to	ile a detailed financial discl	acuro bosouco o	antributions (i		
b. This campaign is required to and/or expenditures total mor	e than \$1,000 for this repor	ting period.	onunauuans (i	nciuding in-kind) re	ceived total more than \$1,000
10. I/we do solemnly swear or affirm th	at the information contained	d in this campaid	in financial di	sclosure report is t	rue and that this report is an
accurate accounting of campaign co	ntributions and expenditure	s required to be	reported by the	ne candidate comm	ittee by the Campaign
Financial Disclosure Act. Additional	ly, I/we swear or affirm that ther nonpolitical purpose as	no campaign co	ntributions ha	ve been expended	for the personal financial
benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.					
Jan a Full	4/8/201	4 4/1	multo	ren elseer	1/8/2014
signature of candidate	date	/ Will		of political treasure	date
					/
11. WITNESS SIGNATURE	1 1		11	//	. /
A L	11/0/-			1	.1/0/
Marguero	4/8/2014		X Oal	mo	4/8/2014
signature of witness	date		signa	ature of witness	date
12. SUMMARY			- f		
				15 971	4 / 9
a. BALANCE ON HAND LAST REP					
b. TOTAL RECEIPTS THIS PERIOD			••••••		
c. TOTAL DISBURSEMENTS THIS F	ERIOD			s 2,163	<u>89</u>
d. BALANCE ON HAND (12.a. plu	s 12.b. minus 12.c.)				s 14,345.80
e. TOTAL LOANS OUTSTANDING	This was	I I W L LAS			-0-
e. TOTAL LOANS OUTSTANDING		dV 1106			\$
f. TOTAL OBLIGATIONS OUTSTAI	MAISSIMMON NO	דרכוו			0-
i. TO IALOBLIGATIONS OUTSTAI	CION COUNTY	ĬŢſĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ		***************************************	\$ ———



#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
COMMITTEE TO ELECT JIM FIELDS	FROM: 1/6/14 TO: 3/3/1/4					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)						
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 125.00					
b. Itemized Contributions (over \$100 from each source this period)	b. Itemized Contributions (over \$100 from each source this period)\$					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)						
16. LOANS RECEIVED THIS REPORTING PERIOD\$ O -						
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>-0 -</u>					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 575.00					
DISBURSEMENTS						
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)					
Telephone/Voice Mail \$ 35.	89					
\$						
\$						
\$						
\$						
\$						
\$						
\$						
\$						
Total of Expenditures (\$100 or less each payee)	\$_35.89					
b. Itemized Expenditures (Over \$100 each payee this period)						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)						
	LOAN REPAYMENTS MADE THIS PERIOD					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)						
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$\$						
b. Itemized in-kind contributions (over \$100 from each source this period)\$						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$ O -						
23. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)\$\$						
b. Itemized Obligations Outstanding (Over \$100 each)\$ & -						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$						

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

			2. REPORT COVER	ING THE PERIOD ,		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)      COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
Middle Name		Contribution Received For.		Amount of Contribution		
Last Name/Organization Name  WELCH			Primary Election General Election			
Address 1132 JAMES BLUD			Runoff (Local Elections Only)			
SIGNAL MOUNTAIN STORE 37377		Date of Contribution	Aggregate This Election			
1/0	37377	1/30/14				
		1/29.1				
Middle Nam	2	Contribution Received For		Amount of Contribution		
H	•	100		Amount of Contribution		
Last Name/Organization Name  HORTON				\$ 250.00		
Address 735 BROATS STREET, SUITE 306			ns Only)			
State	37402	Date of Contribution		Aggregate This Election		
Occupation ATTORNEY			14			
WILLIAM H. HORTON & ASSOCIATES, PLIC		,				
Middle Name	2	Contribution Received For	Τ:	Amount of Contribution		
Last Name/Organization Name		Primary Election				
ddress		Runoff (Local Election				
State	Zip Code	Date of Contribution		Aggregate This Election		
Middle Nam	e	Contribution Received For.		Amount of Contribution		
Last Name/Organization Name			General Election			
		Runoff (Local Election	ons Only)			
State	Zip Code		ons Only)	Aggregate This Election		
State	Zip Code	Runoff (Local Election	ons Only)	Aggregate This Election		
State	Zip Code	Runoff (Local Election	ons Only)	Aggregate This Election		
State	Zip Code	Runoff (Local Election	ons Only)	Aggregate This Election		
	Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  State  Middle Name	IONS FROM PRECEDING PAGE ACH ITEMIZED CONTRIBUTION (co. Middle Name  P.  State  T. SUITE 306  State  T. SUITE 306  State  ASSOCIATES, PLUC  Middle Name	Middle Name    Contribution Received Formula	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor (and the Name)    Contribution Received For:		

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD					
COMMITTEE TO ELE	TO: 3/31/14 Amount					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	60					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name  LIVITED STATES POR  Address  3317 DAYTON  City CHA TTANOO GA	BL State	FFICE VD Zip.Code 37415	P.O. Box RE	AEWAL	\$128.00	
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name FRIENDS OF JUDGE R Address PO BOX 3067 City CHATTANOOGA	OB PH State	Zip Code 37404	CAMPAIGN DONATION	v	\$1,500.00	
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name  JUDGE DAVID BAL  Address  711 SIGNAL MOUNTAIN  City  CHATTANOGGA		COMMITTEE #185 Zip Code 37405	CAMPAIGN DONATION		\$500.80	
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	le e	Purpose of Expenditure		Amount of E	
Lost Name/Dusiness Name	Third is not in				Amount of Expenditure	
Last Name/Business Name					*	
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
<ol> <li>TOTAL ITEMIZED EXPENDITURES         (Carry forward to item 3. of next page if additional pages of this form are used.)         (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)</li> </ol>					\$2,128.00	